

SOCIAL SERVICES FUND GUIDELINES

The Metropolis of Boston Philoptochos has established a Social Services Fund to serve the needs of Greek Orthodox adults.

SUBMISSION PROCEDURE

All applications for funding (see attached) are to be submitted to the Parish Priest or President of the Philoptochos Chapter within the community to which the applicant belongs. The privacy of the applicant(s) is to be respected. Grant applications that meet the criteria should then be forwarded to the President of the Metropolis of Boston Philoptochos. All applications must include the signatures of the Parish Priest (required) and the Philoptochos Chapter President (optional).

APPLICANT REFERRALS

Applicants are to be referred to/sought out by the local Parish Priest or Philoptochos Chapter for grant consideration. The application will then be forwarded to the Metropolis President. Applicants may be referred through a variety of sources including:

- Self
- Family/Friends
- His Eminence Metropolitan Methodios
- Clergy
- Philoptochos Chapter or member

ELIGIBLE SERVICES

Grant requests should be for services not funded through any other available source. Maximum amount per request: \$500. Any requests received above \$500 shall be reviewed on an individual basis.

Types of eligible services:

- Medication
- Medical Equipment/Supplies
- Transportation
- Temporary Housing
- Short Term Counseling
- Utility
- Food
- Clothing
- Minor Repairs
- Heavy Duty Cleaning
- Other (Based on the discretion of the Metropolis President and Social Services Committee)

Any questions or concerns should be directed to the Metropolis President.

SOCIAL SERVICES APPLICATION

APPLICANT INFORMATION

Name _____

Gender: Male _____ Female _____ Age: _____

Address: _____

Phone# _____

CHAPTER INFORMATION

Name _____

Address _____

Chapter
President: _____

Signatures (2 required)

Parish Priest
(required): _____

Philoptochos Chapter President:
(optional) _____

**REASON FOR
REQUEST:** _____

Please attach copies of all documentation or bills to support request

AMOUNT OF GRANT: \$ _____ (\$500 MAXIMUM)

Applications will be reviewed upon receipt: grants awarded on first-come basis.

Mail Application to: President, Metropolis of Boston Philoptochos

162 Goddard Avenue, Brookline, MA 02445